## 2007 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2001 8:00 am § Secretary of State DOCUMENT # N00000002313 1. Entity Name 05-23-2001 91158 033 \*\*\*\*70.00 NEW BEGINNINGS VISITATION, ADOPTION AND COUNSELI Principal Place of Business Mailing Address 810 GRACE AVENUE 810 GRACE AVENUE 553715 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE nama City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>u</u>.s.A 32402 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sandra T. Garmon Street Address (P.O. Box Number is Not Acceptable) DUBUISSON, PAULA J 810 GRACE AVENUE City Beach 408 anama PANAMA CITY FL 32401 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Make Check Payable to 9. Election Campaigr Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 D Vice President Change ☐ Addition ☐ Delete TITLE TITLE DUBUISSON, PAULA J NAME NAME 703 KRISTANNA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PANAMA CITY FL 32405 P/M President/Managing Dir. ☐ Addition TITLE ☐ Delete TITLE -Gármon, sandra t NAME NAME 125 PALM HARBOUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 secretary/Treasurer TITLE S/T ☐ Addition ☐ Delete TITLE GÁRMON, DONALD S NAME NAME STREET ADDRESS 125 PALM HARBOUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 Change Addition ☐ Delete TITLE Director Sharon Kay Bradshaw 509 Plantation Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Panama City, FL. Director ☐ Change Addition Delete TITLE Peggy Ruth Hughes NAME 4467 Abingdon Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ga. 30083 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: DINGULATION SILVEN Sandra T. Garmon 5/21/01 850-913-955

12. Thereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that rijy signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with always the empowered.